

STATE OF CALIFORNIA
OFFICE OF THE ADJUTANT GENERAL
STATE MILITARY RESERVE
9800 Goethe Road – P.O. Box 269101
Sacramento, California 95826-9101

CASR-P

21 February 2006

**PERSONNEL POLICY BULLETIN 06-01
CA SMR QUALITATIVE RETENTION BEYOND AGE 64**

Effective 21 February 2006

1. HQ, CA SMR recognizes the need to have and maintain a professional and consistent program for retaining quality individuals in the California State Military Reserve (CA SMR).
2. The purpose of this Personnel Policy Bulletin is to provide guidance and revised procedures for an individual that has reached or exceeded the normal removal date from the CA SMR of age 64.
3. As used in this Personnel Policy Bulletin, the Major Subordinate Commands (MSCs) of the CA SMR are (1) Installation Support Group, (2) 40th Division Support Brigade, (3) 100th Troop Command Support Brigade, (4) OTAG Support Group, (5) California Center for Military History, and (6) HHD, CA SMR.
4. Effective with the issuance of this Personnel Policy Bulletin, and remaining in effect until the next issuance of CA SMR Reg 600-10, individuals will only be reviewed biennial basis, beginning with the year in which they are age 64 on 1 July.
5. Additionally, the board to review applications to remain an active member of the CA SMR beyond the normal removal date will be held on an annual basis and not on an ongoing basis as currently specified in CA SMR Reg 600-10.
6. Finally, attached herein, as Appendix A, is a revised Letter of Agreement – Semi-Annual Qualitative Retention Review that is to be used in lieu of the Appendix A contained in CA SMR Reg 600-10.
7. Questions regarding this Policy Bulletin may be directed to the undersigned at HQ, CA SMR, ATTN: CASR-P.

FOR THE COMMANDING GENERAL:

/s/
EMORY R. CLIFTON
COL (CA), GS, CA SMR
Director of Personnel

Appendix A**LETTER OF AGREEMENT – BIENNIAL RETENTION REVIEW**

THRU: Director of Personnel, HQ, CA SMR

TO: Commander General, CA SMR

FROM: _____ SSN: _____

1. I understand and agree that I am being reviewed for continued active service in the California State Military Reserve per CA SMR Reg 600-10 for the convenience of the California National Guard and the State of California.
2. I further understand and agree that should I develop any medical condition(s) during the 24 month period following this review which would reasonably exclude me from serving in the CA SMR, or would restrict my ability to perform my normal CA SMR duties or place the Military Department of the State of California at risk with respect to any potential medical liability, to myself or the health and safety of others, that I will notify the Adjutant General, through my chain of command, in writing of such condition(s) within 15 days of their disclosure to me by competent medical authority.
3. I further understand and agree that if I am approved for active service with any imposed restriction (such as wear of the CA SMR uniform or restricted duties) listed below, I will abide by these restriction, without exception. I understand that I may be immediately separated for cause if I violate any of these restrictions.

Signed:

Name_____
Grade_____
Date_____
Unit of Assignment**FOR OTAG USE ONLY**

Date: _____

Approved: _____
For The Adjutant General

Individual is extended to _____ with the following restrictions: